

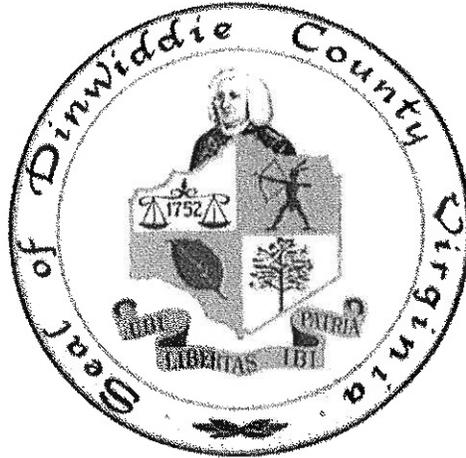


Dinwiddie County Vehicle Accident Procedures

Any employee or volunteer involved in an accident while operating a County insured vehicle shall follow the procedures below:

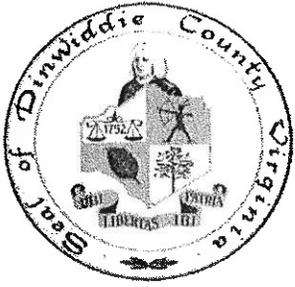
1. Stop immediately and investigate, even when the accident seems minor.
2. Call 911 to obtain emergency services for injuries and law enforcement to provide an accident report.
3. Notify your supervisor as soon as possible, and the supervisor shall contact Human Resources immediately by calling 804-469-4500 opt. 1 ext. 2161 or ext. 2145 or 804-712-2022. The supervisor should also go to the accident scene if possible.
4. Report the injury to Company Nurse as soon as possible if you are injured, could have potential side effects from the accident, or once you are stabilized after more serious injuries at 888-770-0925 search code V027.
5. The driver of the County insured vehicle must have drug and alcohol testing. Call 804-469-3755 to set up this test, which must take place as soon as possible after the accident.
6. Take pictures of all vehicles and/or property involved or damaged on a County phone if possible.
7. Make written notes of all the details of the accident while at the scene, including description of any other vehicles or property involved or damaged.
8. Obtain names, addresses, and phone numbers of all persons involved or witnesses to the accident, including the responding law enforcement officer. Write down the license plate number of all involved or any witnesses.
9. Do not give any information concerning the accident to anyone except to your supervisor, law enforcement or emergency personnel, or County Human Resources, Legal, or Accounting personnel.
10. Do not discuss the accident with insurance agents or adjusters, news personnel, or third party attorneys without permission from County Human Resources, Legal, or Accounting personnel.
11. Make no expression of apology or expressed or implied admission of liability or fault to anyone at the accident scene.
12. Notify County Accounting Department within 24 hours of the accident at 804-469-4500 opt. 1 ext. 2141.
13. Complete the Vehicle Accident Report form with your supervisor and forward to County Accounting, along with any accident pictures within 24 hours of the accident.

NOTE: It is the responsibility of each department head to ensure these procedures are followed.



Dinwiddie County

***Auto, General Liability, and
Property Claim Packet***



Vehicle Accident Report

Accident Date: _____

Accident Time: _____

Accident Location: _____

Driver and Vehicle Information:

Driver Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver's License No./State: _____ DOB: _____

Department: _____ Supervisor Name: _____

County Vehicle #: _____ License Plate #: _____

Year/Make/Type of Vehicle: _____

Approximate Cost of Repair: _____

Where can vehicle be seen: _____

Describe damage to vehicle: _____

Pedestrian or Other Vehicle Involvement Information (if applicable):

Driver/Pedestrian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver's License No./State: _____ DOB: _____

County Vehicle #: _____ License Plate #: _____

Year/Make/Type of Vehicle: _____

Approximate Cost of Repair: _____

Where can vehicle be seen: _____

Describe damage to vehicle: _____

Insurance Agent: _____ Insurance Co.: _____

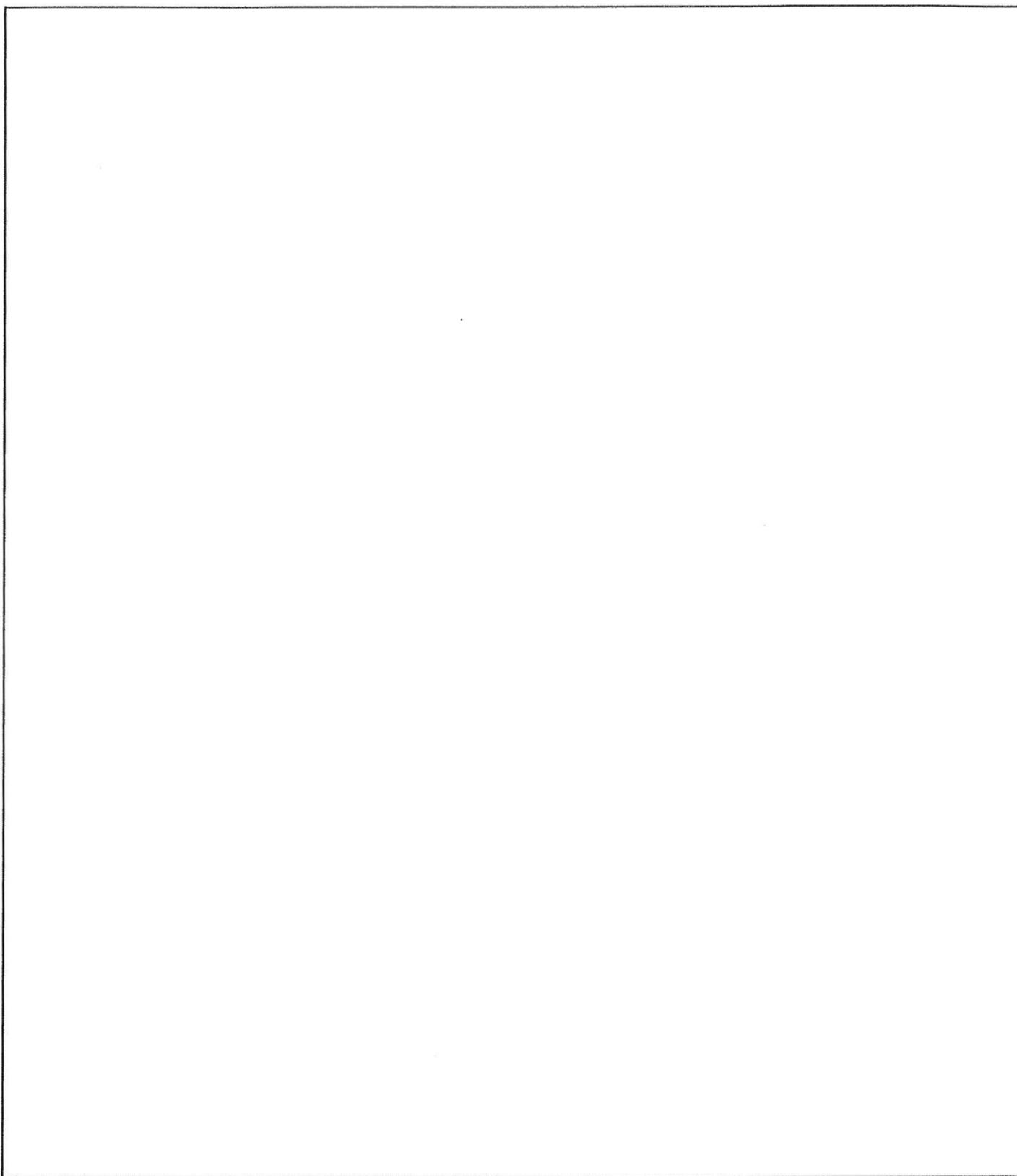
Vehicle Owner's Information (if not the same driver above):

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Insurance Agent: _____ Insurance Co.: _____

Accident Diagram:



Factors Causing the Accident: _____

Weather Conditions: _____

What action could you have taken to prevent this accident from occurring? _____

Injured Information:

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Witness Information:

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

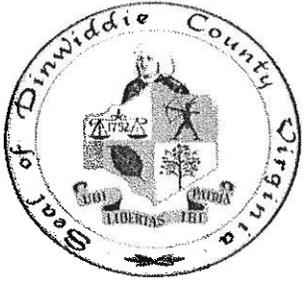
Driver Signature: _____

Date: _____

Superv. Signature: _____

Date: _____

Action Taken by Supervisor: _____



Property Claim Notice

(Includes Buildings & Contents, Inland Marine, and Crime Claims)

Date of Loss : _____

Time of Loss: _____

Location of Loss: _____

Department Name: _____

Contact Name: _____

Supervisor Name: _____

Phone Number: _____

Type of Loss:

Fire
Lightning
Other

Flood
Wind

Hail
Theft

Describe Other: _____

Contact Address: _____

Phone Number: _____

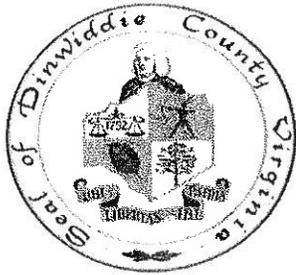
Description of Incident and Action Taken (Attach photos/reports if available):

What protective measures were taken:

Description of Property and Damage (i.e. for equipment: Age, Make, Model)

Estimate amount \$: _____

(Please attach written estimate if available.)



General Liability Loss Notice

Date of Occurrence : _____
Time of Occurrence: _____
Location of Incident: _____
Authority Contacted: _____

Name (Injured Party, Department, or Owner of Property): _____

Status (circle one): On-Duty Off-Duty Student Other _____

Full Description of Loss: _____

Injuries - Were there any injuries? If yes, please provide the information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

DOB: _____ Gender: _____

Description of Injury: _____

Medical Facility Name (if treatment needed): _____

Attorney Information (if represented): _____

Property Damage - Is there damage to the property of others? If yes, did the loss involve business damage? If yes, please provide the following information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Estimate Amt \$: _____

Description of Property: _____

Where can property be seen?

Witness Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____